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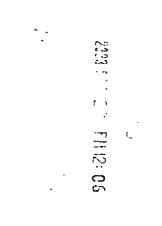
(Requestor's Name)				
(Address)				
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PICK-UP WAIT M	AIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status _				
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COVER LETTER

TO:

Timber Crast	Homes of SWFL, LLC	·	
ECT:			
	Nam	e of Limited Liability Company	
		Company for Authorization to Transact Business in Florida," Certi referenced foreign limited liability company to transact business in	
return all correspond	lence concerning this matter t	o the following:	
Kimberly	y Karp		
		Name of Person	
Sullivan	Brothers Family of Companie	es	
		Firm/Company	
P.O. Box	: 17017		
		Address	
Galvesto	n, TX 77552		
_	C	City/State and Zip Code	
kkarp@su	llbros.com		
 	E-mail address: (to b	e used for future annual report notification)	
rther information cor	cerning this matter, please ca	II:	
Kimberly Karp		409 261-3128 at ()	
•	lame of Contact Person	Area Code Daytime Telephone Number	
Mailing Address:		Street Address:	
Registration Section		Registration Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee	
		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Engloced is a above	k for the following amount:		

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTEN, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Nume of Poleign	Limited Liability Company, must include "Limited	Liability Company," "L.L.C.,	" or "LI,C.")	
name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	orida. The alternate name must incl	ude "Limited Liability C	ompany," "L.L.C," or "LLC."
Texas		93-3293537		
(Jurisdiction under the law of v	hich foreign limited liability company is organized)	3.	(FEI number, of ap	plicable)
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determi	egistration) ne penalty liability)		
11321 Tamiami Trail		P.O. Box 17017		
eet Address of Principal Office)		6. (Mailing Address	<i>\</i>	
Punta Gorda, FL 3395	5	Galveston, TX 7	7552	
· · ·				_
				
Name and street addre	ss of Florida registered agent: (P.O. Box			
Name and street addre				
Name and street address	ss of Florida registered agent: (P.O. Box InCorp Services, Inc.			
	InCorp Services, Inc.			י ליניל נייי כ
				; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
Name:	InCorp Services, Inc.	NOT acceptable)	32312	643 C. J. C. 13:15:

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

) Jackie DeFilippis on behalf of InCorp Services, Inc.

(Registred agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■Manager	Name: SBI III LLC	■Manager	Name: Timberline Construction Group 1.1.
■Member	Address: P.O. Box 17017	■Member	Address: 87 Pardue Rd
□Authorized	Galveston, TX 77552	□Authorized	Pelham, AL 35124
Person		Person	
Other	□ Other	Other	□Other
□Manager	Name: William W. Sullivan	□Manager	Name: Dennis Adams
□Member	Address: P.O. Box 17017	□Member	Address: 87 Pardue Rd
■Authorized	Galveston, TX 77552	■Authorized	Pelham, AL 35124
Person		Person	
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other	Other	Other	Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of an authorized person

William W. Sullivan

Typed or printed name of signee

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Jane Nelson Secretary of State

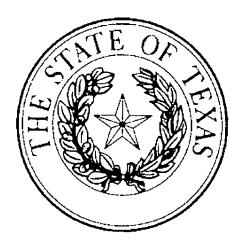
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Timber Creek Homes of SWFL, LLC (file number 805183902), a Domestic Limited Liability Company (LLC), was filed in this office on August 14, 2023.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on September 27, 2023.



Jane Nelson Secretary of State

Dial: 7-1-1 for Relay Services

Document: 1289198160004

Phone: (512) 463-5555 Fax: (512) 463-5709 Prepared by: SOS-WEB TID: 10264